The Efficacy of Local Governance Arrangements on Homelessness

A Comparison of Montreal (Canada) with Copenhagen, Glasgow and Amsterdam

N.F. Boesveldt
Abstract

This study examines the housing and service coverage for homeless persons, societal effects, such as sleeping rough, and public views of homelessness, by analysing elements of policy, structure and management in local administrative-political approaches to homelessness based on confidential stakeholder interviews as well as policy documentation and records. By comparing previous evaluations of the policies, administrative structures and management styles in Copenha, Ghana and Amsterdam with new data on Montreal, Canada, six hypotheses are confirmed regarding the higher quality of services that results from: (1) setting internal policy and matching instruments; (2) equality, emphasizing moral and empirical assumptions underlying the policy at stake; (3) centralized structures and coordination; and (4) heterogeneous network composition combined with a pluralist management style; while hypotheses (5) and (6) relate quality of services to the position of homeless people in society. Even though findings regarding the outcomes of homelessness in Montreal are most comparable to the relative magnitude of homelessness in Glasgow, findings related to quality of service coverage indicate a clear similarity to the Amsterdam (Continental) and Copenhagen (Scandinavian) cases, and appear to be less effective in addressing the smaller scale of homelessness in these cities than Glasgow, especially when it comes to housing.

Keywords: local governance arrangements, homelessness, quality of service delivery, societal effects, international comparison

1. Introduction

Since 2015, programmes to substantially reduce homelessness in Canada have been implemented (Aubry et al., 2015). Yet, the city of Montreal is currently seeing a rising demand for homelessness services, and Quebec has long been at the forefront of policies that improve poverty and homelessness (Gaetz et al., 2016). While the successful implementation of such policies depends greatly on local governance arrangements for homelessness, as integration of new policies in these arrangements impact, to a large extent, the outcomes in numbers reporting as homeless or sleeping rough, we still do not know much about the interplay between local governance arrangements and new social policy.

It is possible that governance could change with more bottom-up participation, where the involvement of various categories of stakeholders would constitute a channel for developing relations and trust among these groups. But it is unknown to what extent urban areas, in the face of sharp rises in homelessness, are able to embrace such innovations. There is actually little evidenced effectiveness of bottom-up arrangements, whereas there is evidence of local stakeholders holding back practice because of existing local interests. Also, it is unknown how transferable innovative models are into local governance arrangements, and how these arrangements impact the degree to which policy can be successfully scaled up or implemented in other places.

Because little is known about the efficacy of the local administrative and political approach to the issue of homelessness in Montreal, research has been conducted to gain more insight. The efficacy of local governance arrangements can be assessed on the basis of aspects such as the quality of the services offered and the related societal effects (Bovard and Löffler, 2002; Fawcett and Daugbjerg, 2012; Boesveldt, 2015). The central research question is whether the administrative-political approach to homelessness in Montreal could explain the quality of the services offered, as well as the related societal effects. Also, since three recent studies in Northern Europe have provided important insights into what is crucial in governance arrangements on homelessness, with explanations for their efficacy, the Montreal findings have been compared to these studies.

2. Theoretical framework

Indicators that are useful for measuring the quality of services in the field of homelessness concern the degree to which services are of an integrated nature, the
degree to which they also include psychiatric services, and the supply of temporary or permanent housing (Lauriks et al., 2008; 2013).

The societal effects of a local governance arrangement can be operationalized as the percentage of homeless people in the catchment area (Benjaminsen et al., 2009; Lauriks et al., 2013), and the percentage of homeless people who do not make use of temporary or permanent housing services and who sleep rough in the city (Benjaminsen et al., 2009). Public views on homelessness include the response to the presence of homeless people in public places such as train stations and shopping centres, the extent and seriousness of the problem of homelessness, the perceived nuisance of homeless people, and the consequences of the gentrification of neighbourhoods for homelessness (Alexandri, 2015; Hermans, 2012; Moulaert et al., 2001). Public views on homelessness can both enhance and reduce the stigmatization of homeless people (Hodgetts et al., 2011).

The comparative case studies that were conducted earlier were undertaken in three northern European metropolitan cities: Copenhagen, Glasgow and Amsterdam. Boesveldt et al. (2017, pp.6–7) describe the variation in the three European cities:

Copenhagen has been able to service half of its homeless population with integrated care but only a small number of those with severe mental health needs. Copenhagen has also been able to temporarily improve the housing situation of half the homeless population; in approximately 20% of cases, permanently. Elements of inefficient spending were observed. Ten to 15% of homeless people in Copenhagen sleep rough. There is local support (as opposed to national regulations) for a supervised drug consumption room, which is related to changing (more upmarket) demands in certain neighborhoods (gentrification).

Glasgow has been successful in diverting people from specialist to generalist services. Mental health service coverage is probably higher than reported here, since it was not possible to include services for substance abuse. The number of people being permanently housed is greater than the number provided with temporary solutions. In sheer numbers, sleeping rough in Glasgow occurs more frequently than in Amsterdam or Copenhagen. However, as a proportion of the total population of the city this is not the case. The views of the public, according to the respondents, range from indifference to complaints and prejudice.

In Amsterdam, one's public mental health need determines the extent to which integrated care is being offered to the person concerned. This is reflected in the rather high level of mental health service coverage for homeless people. Integrated services are highly likely to offer an improvement in the housing situation (73%); however, only a small number are offered permanent solutions (17%). Proportionally, sleeping rough occurs just as frequently as in Copenhagen. The public discourse in Amsterdam is centered on issues of safety, illness and nuisance. The addressing of these needs is valued positively by the public

Based on this, Boesveldt et al. (2017) describe the theoretical relationship between aspects of a local governance arrangement for homelessness and aspects of the arrangement’s efficacy. Three elements of a local governance arrangement are relevant to explain the quality of the services offered and societal effects: policy, structure and management (Bovard and Löffler, 2009a, 2009b; Frederickson, 2005; Head and Alford, 2015; Hughes, 2012; Peters and Pierre, 2007). These three elements have served as a starting point for the formulation of six hypotheses, as outlined in Figure 1.

First, the setting of internal policy goals, which functions to align internal stakeholders, increases integrated service delivery (overall service coverage and mental

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1 Some pragmatic adaptations had to be made to the original performance indicators for housing. Attention is now focused on the specific period between the intake and the second evaluation after intake. Furthermore, the indicator ‘temporary housing’ (for homeless people) has been altered; it no longer uses the concept ‘improved housing’ in its description.
health service coverage) (Bressers and Klok 2014; Boesveldt 2015; Interdepartementaal Beleidsonderzoek 2003; Fenger and Klok 2014). Variable 1 refers to this relationship.

Second, it was found that the policy model—which refers to moral and empirical assumptions present in the minds of stakeholders, such as medicalizing or criminalizing responses, or references being made to moral indignation—was found to impact integrated service delivery, as well as the housing situation of homeless persons (Dunn 2012; Tirion 2014). For this reason, variable 2 refers to both these relationships.

Third, in this way, structure variable 3—which distinguishes between the administrative levels, at which powers and possible solutions to homelessness are allocated, and ongoing trends such as decentralizing responsibilities—impacts efficiency (Fleurke and Hulst 2006; Jessop 2010; SER 2000; Benner et al. 2004; Bouckaert et al. 2010; Olsen 2009; Byrnes and Dollery 2002; Dollery and Fleming 2006; Fleurke et al. 1997; Painter and Peters 2010).

Fourth, variable 4 holds a combination of the structure of the external policy network and administrative traditions that reflect more top-down or bottom-up relationships between governments and, for example, health service providers. Variable 4 also appears to have a relationship with the housing situations of homeless persons (Sandström and Carlsson 2008; Bressers 2008; Pawson et al. 2007; Frederickson and Smith 2003; Pierre and Peters 2000). The fifth and sixth relationships subsequently relate the levels of overall and mental health service coverage, and temporary or permanent housing, to social effects.

Figure 1: Theoretical relationship between aspects of a local governance arrangement for homelessness and aspects of the arrangement’s efficacy (Source: Boesveldt, 2015)

3. Montreal case study
The Montreal case study was carried out in 2016, and concerns the governance arrangements at the time, including the federal Canadian policy to reduce homelessness, the Inter-Ministerial Action Plan on Homelessness 2015–2020, the city’s own Action Plan (2014–2017) and the MMFIM’s plan to end chronic and cyclical homelessness, in which the city invested.

Montreal is comparable to the other three metropolitan cities in terms of prosperity and they have demonstrated activity in the setting of policies to address homelessness over the last decade. However, they vary considerably with respect to their governance arrangements in the area of homelessness, differing with regard to governance aspects that are assumed to influence the quality of services and the

2 Mouvement pour mettre fin à l’itinérance à Montréal (MMFIM).
resulting societal effects (Boesveldt, 2015). This is shown in Table 1 below.

Table 1: Four western administrative approaches to homelessness

<table>
<thead>
<tr>
<th></th>
<th>Amsterdam, the Netherlands</th>
<th>Copenhagen, Denmark</th>
<th>Glasgow, Scotland, UK</th>
<th>Montreal, Quebec, Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Homeless policy goals</strong></td>
<td>No significant differences between four traditions</td>
<td>One policy for big cities, federally coordinated</td>
<td>One national policy in which Copenhagen participates</td>
<td>Several: federal, county, three local policies</td>
</tr>
<tr>
<td><strong>N° of policies</strong></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Setting of internal goals to address fragmentation?</strong></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Structure</strong></td>
<td>Multilevel joint, coordinated responsibility</td>
<td>Decentralized</td>
<td>Centralized, strong UK, Scottish authority</td>
<td>Decentralized, powerful forces with county executives</td>
</tr>
<tr>
<td><strong>Management - Relations with stakeholders</strong></td>
<td>Steering at a distance, accommodation of social interests</td>
<td>Democratic (bottom-up) participation, less coordination of services</td>
<td>Technocratic (top-down), professional management</td>
<td>Steering at a distance, accommodation of social interests, less coordination of services</td>
</tr>
</tbody>
</table>

As in the preceding case studies, the city of Montreal also offered the right conditions for analysing the relationships between certain aspects of the local governance arrangement and the quality of service delivery and the resulting societal effects, above all because the local authority was willing to cooperate with the investigation. Also in Montreal, the relevant policy documents were studied and confidential semi-structured interviews with twelve relevant stakeholders (policymakers, politicians, executive institutions, clients) were carried out.
4. Results: quality of service delivery and societal effects

Table 2 presents data on the quality of service delivery and the resulting societal effects of governance arrangements on homelessness in Copenhagen, Glasgow, Amsterdam, and Montreal, showing significant variation across the four cities.

Table 2: Homelessness, overall and mental health service coverage and housing status in Amsterdam, Copenhagen, Glasgow, and Montreal

<table>
<thead>
<tr>
<th>Measure</th>
<th>Amsterdam 2014</th>
<th>Copenhagen 2013</th>
<th>Glasgow 2012</th>
<th>Montreal 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless in catchment area</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Homeless with serious mental illness (SMI)</td>
<td>1495</td>
<td>0.2a</td>
<td>1581</td>
<td>0.3a</td>
</tr>
<tr>
<td>Homeless receiving care from one or more providers</td>
<td>581</td>
<td>38.9b</td>
<td>1265</td>
<td>80.0b</td>
</tr>
<tr>
<td>Homeless with SMI receiving Assertive Community Treatment (ACT) or Intensive Outreach Treatment (IOT)</td>
<td>596</td>
<td>39.9c</td>
<td>1128</td>
<td>71.3c</td>
</tr>
<tr>
<td>Temporary housing status</td>
<td>503</td>
<td>86.6c</td>
<td>92</td>
<td>7.2c</td>
</tr>
<tr>
<td>Permanent housing status</td>
<td>214</td>
<td>14.3b</td>
<td>277</td>
<td>17.5b</td>
</tr>
<tr>
<td>Persons sleeping rough</td>
<td>185</td>
<td>12.4a</td>
<td>259</td>
<td>16.4a</td>
</tr>
</tbody>
</table>

*Group at risk is the number of inhabitants. aGroup at risk is the number of homeless people. 
*Data on the number of homeless persons in the catchment area, the number of persons sleeping outside and the number of homeless persons having a temporary housing status (Latimer et al., 2015). bThe number of homeless persons with SMI has been estimated on the basis of the number of homeless persons seen by the PRISM team, being 246 in 2015 (‘Suivi Intensif en Itinérance’, Girard, 2017). cTo construct the number of homeless persons receiving care or support, the persons reported as living in transitional housing (1041) and those in permanent housing (200) are combined. dThe number of homeless persons receiving ACT or IOT has been estimated on the basis of the persons that have been offered mental health services either from PRISM (an estimate of 173 in 2015) or one of the other SIM teams in Montreal (based on an anecdotal estimate of 17 persons, 2%): 173+17=190. Temporary housing status: the total of ‘1,041 in transitional housing and 480 elsewhere (76 in hospitals, 51 in detention centres, 154 in Montreal therapy centres, 199 in therapy centres outside of Montreal)’ (Latimer et al., 2015, p.v).

Montreal, like Glasgow, has high numbers of persons reported as homeless and sleeping rough, but has the lowest percentage in homeless persons compared to the other three cities. With regard to housing, Montreal has housed the highest percentage of homeless persons in temporary housing. The percentage of homeless persons suffering from SMI seems relatively low, which is comparable to the Glaswegian context, while the percentage of persons sleeping outside is more like the Amsterdam and Copenhagen contexts, which is relatively high.

In addition to what is expressed in these figures is that the number of shelter beds is increasing each year, owing to rising demand (‘Les services d’hébergement d’urgence en itinérance à Montréal’, Bilan 2015–2016). Respondents indicated that it is unclear why this is the case. More specifically, the information position of government was raised as a subject during the interviews. Basically, all respondents suggested that there is room for improvement in the information basis of the policy.

Also, for this study, the number of persons being offered an individual trajectory, as expressed by the indicator of integrated care, had to be approached; however, this is not known exactly, since homeless individuals are not actively tracked. Statutory

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3 This indicates that the evidence for homelessness in more liberal welfare regimes (cf. Esping Anderson) is more often explained by poverty than medical need (also still other ref required).
respondents therefore see the need to improve tools to keep track of individuals. At the same time, it was pointed out this lack of information systems is rather exceptional compared to the adjacent areas. Additional explanations for this information position will also be discussed when addressing the third and fourth hypotheses.

In the next section, the six hypotheses are tested to determine whether the variation in the quality of service delivery and societal effects can be explained on the basis of differences in Montreal’s governance arrangement.

5. Testing of hypotheses
This study evaluates the housing and service coverage for homeless persons, the societal effects, such as sleeping rough, and public views of homelessness. All of the six hypotheses were confirmed by this case study. In relation to each hypothesis, the underlying theoretical reasoning was also found in the case study.

The first hypothesis states that the setting of internal policy in order to improve the functioning of the local government’s own organization and to align separate policy sectors with each other, as well as a precise matching of policy instruments to these internal policy goals, would have a positive impact on the quality of services in terms of better integrated service coverage. Both mental health service coverage and overall service coverage for the homeless would be better.

With regard to the first part of this hypothesis, the setting of internal policy goals can be observed in the Montreal case study. The ‘Inter-sectoral action plan on homelessness in the Montreal region’ (2015–2020) clearly had ambition and possibilities, since almost all responsibilities related to homelessness are allocated at this level, to form a highly integrated strategy, including internal policy goals. Also, during implementation, much effort was made between the different governmental departments and levels to keep those involved in the action plan—for example, for correctional services: ‘Correctional services, they have lot of other priorities. (...) For homeless to become part of their priorities (...) pushing (...) remind them and feed them with information and ideas’ (Statutory Respondent).

The second part of the hypothesis relates to the matching of the policy to instruments, the actual implementation, and is more mixed. A limited number of instruments have been mentioned, which have been successfully implemented, such as improved cooperation between the police and social workers and the financing of a mental health team for homeless persons.

At the same time, changes in politics and, accordingly, different financial priorities are said to have frustrated the actual implementation of integrated services. More specifically, these deficiencies in the integrated system response, brought up by respondents, relate to health services, mental health services, revenues, social housing and independent housing:

Health services: ‘...they don’t have specific services for the homeless. So, they feel a bit hopeless, and so they don’t engage’ (Voluntary Services Provider)
Mental health services: ‘...seeing them emergently, but cannot refer to permanent, real services’ (Voluntary Services Provider)
Revenues: ‘...they did cut into the cheque of welfare recipients’ (Statutory Respondent)
Social housing: ‘...not taking people from the shelters (...) not from the mental health system’ (Voluntary Services Provider)
Independent housing: ‘The province doesn’t want to give money to a hospital to manage apartments’ (Voluntary Services Provider)

A more specific explanation for the breach in the initial policy trend is reported as relating to the federal policy direction, which did not align with the inter-sectoral action plan. It was felt that the federal focus on housing primarily threatened the continuation of the same path: ‘It focused a lot on Housing First, but this funding has been going on for quite a while, so there was already a lot of projects, a lot of intervention that was funded, paid by this fund, but in 2015 came this ... new approach and new focus on this approach and we had to put two-thirds of the funding on new programmes’ (Statutory
Respondent). Governance respondents gave varied reports on this event, although some described the need to make sure local services would not be too dependent on federal money, since this is felt to entail a risk to continuity and the existence of some services.

All in all, according to several respondents, the integrated policy eventually lacked leadership and concrete action: ‘We had the second anniversary of that policy six months ago. We said it was very sad and because we have a very strong policy but too few … there is not enough action’ (Voluntary Services Provider).

Possibly, the mental health team for homeless persons which has been described as successful might also explain the percentage of mental health service coverage (77%) that can be regarded as relatively effective and comparable to the percentages in Amsterdam (86%) and Glasgow (78%). The percentage of homeless persons receiving integrated care, even though this needed to be estimated, is considerably lower (41%), and may be indicative of a similarity with the Amsterdam case. In this latter case study, persons with severe mental illness were prioritized in receiving access to integrated care and housing.

The second hypothesis states that a local governance arrangement in which the policy element is characterized by normative assumptions emphasizing the equality of homeless people with other citizens, and by empirical assumptions presenting a realistic and empirically grounded reflection of social reality, will offer a better quality of service for the homeless. This would be reflected in a higher level of integrated services and a permanent rather than temporary housing. It was noted that in the Montreal case study, normative assumptions emphasize the specific nature of the sort of housing that homeless people require; that is, social housing (which, in the Quebec context, refers to accompanied group housing). This position eventually results in emphasizing the difference between other citizens and homeless people (and other poor people in Montreal who rely on this kind of housing).

Social housing, according to governance respondents, has also been referred to as ‘a French tradition’ or ‘Quebec measures’, while Housing First (independent scattered housing with floating support) was, on several occasions during the interviews, construed as being ‘unsocial’. Several respondents emphasized the fact that Housing First was introduced by a Conservative government, making the measure suspicious in the first place. Also, it was discussed that large federal savings on housing in previous years had partly been taken care of by the Quebec government. It was felt that this same federal policy had resulted in there not being sufficient public housing available to use for individual lets to pilot and implement Housing First, and that now, as a consequence of this, private market housing had to be used. The use of the private market is simply seen by these respondents as the wrong investment to make with public money. Also, the more corporate style in which Housing First is financed, compared to the larger focus on continuity that local governance respondents find important, is felt to make the financial basis of Housing First in Montreal relatively insecure. The choice at the Quebec level not to finance a floating mental health support team, but to implement this in-house, might also explain why respondents repeatedly referred to Housing First as ‘housing only’, leaving vulnerable persons without the required support. It was also mentioned that most communication on Housing First was done in English, which had the effect of emphasizing its identity as a non-French measure, coming from a different tradition. This policy model is reflected by the smaller supply of permanent (6%) rather than temporary housing (50%). This imbalance dominates, when compared to Copenhagen (17/36%) and Amsterdam (14/38%).

In Montreal, as discussed under the first hypothesis, there is a relationship between being provided with integrated care and suffering from SMI; consequently, the percentage of homeless persons receiving integrated care in Montreal would be explained by this policy model.

In this case study, empirical connections were not frequently made by governance respondents; this might have been because of weak information positioning and shifting definitions. During the interviews, the existing and available evidence base for

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For the element of the policy model, only quotations of governance respondents are valid.
homelessness policy, such as I Count MTL (Latimer et al., 2015), or the randomized control trial preceding the implementation of Housing First (Aubry et al., 2015) were said to be repeatedly postponed (‘when we do our assessment of the action plan in five years ... we will be able to measure that’), or denied when expressing support for the idea that true stories from real life are more valid than a yearly count and could replace this. Also, seemingly ongoing discussions of definitions of chronic and at risk, which seem to have been inflamed by the changes in policy direction, seem unresolved and confusing: ‘So no at-risk. It's really homeless people’ (Statutory Respondent). The lack of a clear empirical basis for the policy results in a certain degree of helplessness that is expressed when regarding the complexity of the policy issue at stake: ‘we have no direction, it’s relatively new’ (Statutory Respondent).

The third hypothesis states that a more centralized structure would provide a better quality of services in terms of efficiency. In Montreal, there is not one but multiple levels of steering; this poses additional challenges to coordination, which is repeatedly reported to be an issue: ‘So you have three levels of government and they don't work so well together’ (Statutory Respondent)— while the central federal level has been reported to give most direction in a more corporate and accountable manner. This level is said to require stricter evidence of on what base funds are proposed and how these have been effective and therefore spent efficiently.

The Quebec and Montreal levels operate in a different way. While the local level merely makes decisions on funding based on political priorities, such as bringing parties together and valuing initiatives ‘from the base’, providers complain about the lack of interest in being accountable for delivered services at the Quebec level. ‘It isn’t because the government asks me anything’ (Non-governmental Organization).

The following quotation from a statutory respondent vividly illustrates the difference:

Community organizations who have agreements with the federal government within the SPLI; every time they have a request, they need to give it in writing, if they want financing, if they want beds ... How many people are off the streets, how many people need a home ... They need to produce reports for the federal government, so ... we have certain partial data, we have those results from certain organizations, but we don’t have an overall portrait of the situation in Quebec.

Regarding the efficiency of funding services, it can be observed, with the other governance levels coping differently, that room exists and intentions are there to avoid the federal direction and the insecurity that comes with tendering procedures, etc.: ‘Because the federal is punctual, you know? They will provide money for three or five years but they never provide money for a long term. So, when you have a project for a long term, you work at the regional level’ (Statutory Respondent). ‘We have a real focus on that, to make sure that no organization relies only on this federal funding’ (Statutory Respondent).

The weak information base also plays into the insecurity of doing the right thing and is deficient in terms of the high degree of specialist knowledge that policies require and may therefore score negatively with regard to the efficiency of programme spending:

Statutory Provider: How do you make sure there’s enough (...) I think you need something to oversee what everyone’s doing and even if we don’t coordinate because they’re all community organizations, they decide for them what they do with, who they do it with. (Me: Are they subsidized?) A lot by the health and social services ministry.

Statutory Respondent: And there’s supposed to be that every two years but no, we don’t have that. Our emergency shelters are not as in other Canadian cities, managed by the city. Their community organizations. Everyone has statistics.

As we have seen, setting additional financial priorities to avoid federal direction, and lacking the knowledge base to fund services, increases the risk of inefficient outcomes.
The fourth hypothesis states that a heterogeneous network, in combination with a management style reflecting a pluralist vision of the relationship between the state and society, delivers higher quality services—in terms of permanent rather than temporary housing—than a homogeneous network in combination with a corporatist vision. The Montreal network can be characterized as homogenous, since no generalist services such as general hospitals, public or private housing or general social work services are part of the network. The network of homeless services has a longstanding tradition and relationship with politics, and it appears that the continuity of existence and supply of these specialist services is valued much by statutory respondents. The financial resources of the organizations delivering services originate from multi-levels of government, which fragments but also safeguards the continuity of these resources, being well embedded in politics. It is also felt that the broad range of services needs to be supplemented by new services, but not replaced or changed much.

The management of the network has been described by statutory respondents as looking for consensus and not wanting to oppose things, because this is not helpful. Several (threats of) debates in the public sphere are mentioned as motivational for inviting a new partner to the policy table, such as the MFIMM, or as explanatory for the lack of change in the financing of the network. One respondent vividly illustrated the limited room for change in this constellation: ‘So, if they threatened to change anything, they’re going to be on the Hill, for Parliament Hill in Quebec with their stakes sending and they’ll say that government hates the homeless’ (Voluntary Services Provider).

Eventually, this constellation, in which confrontation or clear directives seem to have been avoided, may also explain the noncommittal choice of words that was used in the discussion of replacing two-thirds of the existing services with Housing First services: ‘It’s not incompatible’; ‘There will never be too many actors’; ‘There is room for everybody’; ‘We can always do more’. It was also explained that ‘we already have some leverage given to us by the federal government … In an agreement, the government of Quebec signed for Quebec measures’ (Statutory Respondent).

The idea that, in Montreal, Quebec has a more corporatist than pluralist vision on the relationship between the state and society is also supported by the lower emphasis on accountability (as described in hypothesis 3).

The fifth hypothesis states that better mental health and overall service coverage for the homeless would lead to a lower number of homeless people and people sleeping rough in the catchment area, and to more positive public views of homelessness. For Montreal, its rising demand in services, and the rather substantial number of people and part of the homeless population sleeping rough, can be explained by its relatively low percentage of overall service coverage. Its relatively high mental health service coverage mitigates the idea that persons reporting as homeless or sleeping outside are, in the majority, those with mental health needs, such as is the case in Copenhagen (7%). The rising demand in services has led to a societal response in Montreal: the MMFIM initiative. This new organization is supported by journalists, corporate initiatives and citizens raising money. This latter finding can also be related to public views in Montreal, which have been most connected to the willingness of the public to contribute to the count. Also, shops in the area of Montreal are responding to the need, having experienced inconvenience in the streets in front of them.

The final, sixth hypothesis states that better temporary and permanent housing for homeless people reduces the number of people reporting as homeless, as well as those sleeping rough, and also leads to more positive public views of homelessness. The clear imbalance between homeless persons housed in temporary, and not permanent, accommodation is expressed in Montreal; it has the highest percentage in temporary housing, which also explains the public responses to the rising demand as described under the discussion of the fifth hypothesis. More specifically, the MMFIM has good relations with private landlords and entrepreneurs with a social component. Working together with these parties creates an interest in low-scale apartments that are also available through the private market. Also, these entrepreneurial parties are said to be helpful in the realization of scattered site apartments.
6. Conclusions and discussion

This research addressed the question of whether possible differences in the administrative-political approach to homelessness in a number of northern European metropolitan cities had any impact upon the quality of the services offered, as well as on other related societal effects. The general conclusion is that public governance does matter. What a local authority does to address homelessness in conjunction with the activities of other parties has an impact. All hypotheses were therefore confirmed.

This paper concerns my first case study undertaken outside Europe. Canada has been identified as belonging to the Liberal welfare state (Esping-Andersen, 1990) or the Anglo-American tradition (Painter and Peters, 2010), so initially, I expected this case study to have stronger resemblances in terms of governance with the previous Glaswegian case that I carried out in 2012. Still, since Montreal has a French inheritance, which from my study appears still to be alive, it is possible that part of the governance structure and, moreover, its management style, resembles the Continental tradition and, in my research, the case study of the city of Amsterdam more than I initially expected. The management most prevalent in relation to homelessness displays more of a corporatist manner, with its longstanding relationships, instead of a pluralist vision. This indicates that the governance tradition goes beyond what, for example, has been referred to as the French tradition of social housing, and effectively resists being part of an Anglo-American administrative tradition.

Also, and possibly as a consequence of this, the alternative form of independent scattered housing with floating support (Housing First) has, during the interviews, been found to be constructed as an English measure, coming from a Conservative government, being private market-oriented, providing an insecure financial basis (and often referred to as housing only, without floating support)—all in all, making it ‘unsocial housing’ in this specific context.

These findings call for both a more detailed understanding of the implementation of Housing First in Continental Europe and for a wider understanding of the Canadian situation. For this reason, a second case study, of Toronto, is also currently being carried out.
References


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